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 ** FOREIGN APPLICATIONS ***** *Name sn*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>(02/28/06)</i>				
Verified and Acknowledged <i>sn</i> Examiner's Signature Initials				

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TITLE

Enhanced uniqueness for pattern recognition

FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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